SURGICAL TREATMENT OF OESOPHAGEAL CANCER - UNDERGOING OESOPHAGECTOMY

Introduction

Following your recent diagnosis of oesophageal cancer, further investigations suggest that you have what is known as operable disease. Therefore you have been recommended for surgery to remove the cancerous area. The operation is called an oesophagectomy. This is the term used to describe the removal of a section of the oesophagus (gullet) and may also require some of the stomach to be removed. Surgical removal of the oesophagus is currently the only way of potentially curing oesophageal cancer.

Neo-adjuvant chemotherapy

Recent studies have shown that by giving chemotherapy before surgery, some patients have had a better outcome. This research is very encouraging. Chemotherapy given before surgery (neo-adjuvant chemotherapy) is given at Weston Park Hospital. Not everyone is suitable for this treatment so please do not worry if you are going straight to surgery.

You may be offered the opportunity to take part in a clinical trial. A clinical trial is a research study meant to help improve current treatments or obtain information on new treatments for patients with cancer. When clinical trials show that a new treatment is better than the 'standard treatment', the new treatment may become the standard. If you are offered this opportunity, a research nurse will be available to give you information and answer any questions.

If you are offered neo-adjuvant chemotherapy and accept, this will entail two separate trips to Weston Park Hospital, Sheffield, where you will be an inpatient. Each stay at Weston Park Hospital will be for five to six days.

Please see your Clinical Nurse Specialist or Oncologist for further details and information.

All about the operation

Incisions (cuts) are made into the abdomen and the right side of the chest, through which the affected part of the oesophagus with surrounding lymph glands will be removed. A tube is then made of the stomach and this is drawn up into the chest where it is joined to the remainder of the oesophagus. Some patients will not have the chest cut but instead will have a cut in the left side of their neck. This will depend upon the surgeon's findings during surgery.

Risks and complications

An oesophagectomy is a major operation and not without risks. Before you consent for this operation you need to be informed about the risks identified with this type of surgery.

The specific risks are:

- leakage from the new join to the oesophagus
- haemorrhage (bleeding)
- chest complications - the most common problem that patients have is with their lungs. It is, therefore, important that we assess your lungs before surgery and we need to get your lungs working as normally as possible quickly after the operation. The physiotherapists have a very important role and will assess and advise you before the operation and they will work with you to try to reduce chest complications
- the anaesthetic and operation put a strain on the vital organs and there is a risk of heart problems, blood clot, and renal problems
- wound infection.

There is a small risk of death; the surgeon will discuss this before you give your consent for surgery.

What happens before surgery?

You will be asked to attend for pre-operative assessment a few days before surgery. During this time, you will be given a further opportunity to ask questions and documentation will be completed. At the same time, it will be necessary to have some simple tests to prepare you for surgery. Please bring any medications you are taking with you.

Admission to hospital

When you arrive on the ward, you will be visited by various health care staff. The anaesthetist will come to see you and ask you questions about your health and may also examine you. You will be assessed and given post-operative advice by the physiotherapist. The upper gastro intestinal nurse specialist will also visit you before surgery. A member of the medical team will see you and the nursing staff on the ward will welcome you and complete some baseline observations. You will have been referred to the dietitian. All these people will be involved in your care.

You will fast before surgery. If you feel that you will have difficulty in sleeping the night before surgery, please mention this to the doctor on admission and you may be given some tablets to make you less anxious and to help you to sleep.

What will it be like after surgery?

When you wake up you will be in the Department of Critical Care. This is the normal procedure. At this stage, you will need intensive nursing care with constant monitoring for the first few days.

When you come around after your operation you will have various tubes attached:

- a tube in the vein to give you fluid (a vein in the arm or neck will usually be used
- a tube will have been passed through your nose and into the area where your stomach/small intestine is, to drain away any digestive juices while your oesophagus heals

- if you have had the incision made into the right side of the chest, you will have two chest drains. These are necessary to stop your lungs collapsing immediately after the operation because the surgeon goes into your chest cavity to reach the bottom part of your oesophagus. The drains are usually removed after 4-5 days when they stop draining, and your lungs are fully inflated
- near the site of your abdominal wound, you may find one or two drainage tubes attached to a drainage bag. These drain off fluid to prevent swelling
- a catheter, a fine tube, will have been placed into your bladder to collect your urine into a bag. This mean you do not have to worry about going to the toilet and enables the staff to monitor how much urine you are producing
- a tube will have been inserted into your small bowel (jejunum). This will be used for 24 hours after your operation to feed you nutritious fluid
- a tiny little tube will have been inserted into your back. This is called an epidural, through which painkilling medication is given.

As you recover, these drains and tubes will be removed as directed by the doctor

Will I have any pain?

You will have some discomfort after the operation but our aim is to control the pain as much as possible. There are several ways of reducing pain. The epidural bathes the nerves in local anaesthetic. Patient controlled analgesia (PCA) is when painkilling medication is given into a vein and is controlled by a pump. The pump will give continuous pain relief and, when you need extra, you can press a button. Simple painkillers such as suppositories can be given and, once you are able to drink, medication can be changed to tablets.

If you are experiencing any pain or discomfort, please do not suffer in silence, it is up to you to inform the staff who are caring for you.

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The pain control team will review you daily and make changes in your pain relief if you mention any concerns you have.

When can I get out of bed?

You will be encouraged to get up as soon as you are able and this is often the day after surgery. The physiotherapist will see you regularly after your surgery and, with nursing staff, help get you up and walking until you are able to do so your self. To help you with this, the physiotherapist will give you breathing exercises and advice on moving about. Anyone undergoing major surgery is prone to a number of complications. You can reduce your risk by getting out of bed as soon as the staff suggest this to you.

When will I be able to eat and drink?

You will not be allowed to eat or drink immediately after the operation. It is important that the join in the oesophagus is healed before you start eating and drinking. This will be assessed daily and fluids will gradually be introduced on the doctor's instructions. It may be up to 5 - 7 days before food is introduced. During this period, the dietitian will monitor you closely.

What happens when I need to go to the toilet?

The tube inserted into your bladder will collect your urine into a bag. When you are up and fully mobile, the catheter will be removed.

You are unlikely to have your bowels open for the first few days after the operation, as the bowel slows down for a while because of handling during the operation. Once your bowel begins working again, you may experience diarrhoea, which should settle down. The nurses will assist you to transfer onto a bedpan or a commode.

How will I manage after the operation and what happens when I go home?

This is a major operation; therefore, it will take time for you to recover. It is perfectly natural that you will be very weak and tired.

When you feel tired rest. When you feel a little more energetic, then encourage yourself to mobilise, gradually building up what you do each day. Be sensible and know your limitations. Recovery from this operation varies with each individual but can take up to six months.

There should be no specific restrictions on your diet after the first few days, but when part of the oesophagus and stomach are removed you may find it difficult to eat large meals, so you are advised to eat small meals more often. It is not uncommon for people to suffer with lack of appetite but it is in your best interest to try and eat.

Do not do any heavy lifting for two to three months and do not drive until your wounds have fully healed and you can do an emergency stop comfortably without hesitation. This will be at least four weeks.

One potential side effect of this type of surgery is called Dumping Syndrome. This is when your stomach may empty rapidly, which leads to a drop in blood sugar. If this happens there may be a sense of faintness, flushing, sweating, palpitations and feeling tired. These symptoms are usually associated with excessive abdominal gurgling. Eating small frequent solid meals high in protein and low in sugar is the best way to avoid this.

You will have experienced and had to cope with a wide range of emotions over the past few months and may be undergoing changes in your life, which can affect the way you are feeling. If you would like to discuss any worries or concerns, please contact your clinical nurse specialist who will be happy to help. Tel: 01302 366666 ext 4722 or bleep 1115.

Your GP and a district nurse will be notified of your discharge. The district nurse will call and see you and follow up your care in the community.

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The Specialist Upper Gastro-intestinal team will be involved in providing you with support and looking at the different treatment options available to you. The upper Gastro-intestinal Team meet regularly to discuss all individuals affected by oesophageal cancer.

The team consists of professionals who are involved at different stages in your treatment and care.

Cancer Services Co-ordinator (MDT):.....

Dietitian:.....

Gastroenterologist:.....

Histopathologist:.....

Nurse Specialist/Key Worker.....

Oncologist:.....

Physiotherapist:.....

Radiologist:.....

Surgeon:.....

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